



DOWNPAYMENT ASSISTANCE PROGRAM HOME BUYER APPLICATION

RETURN THIS FORM TO:

THE LONG BEACH HOUSING DEVELOPMENT
COMPANY

DOWNPAYMENT ASSISTANCE PROGRAM

110 PINE AVENUE, SUITE 1200

LONG BEACH, CA 90802

PLEASE PRINT ALL INFORMATION EXCEPT FOR SIGNATURES.

A. RESIDENCE AND EMPLOYMENT INFORMATION

1. APPLICANT NAME(S) (PERSONS WHOSE NAMES WILL APPEAR ON THE TITLE TO THE HOME):

NUMBER _____
(LAST, FIRST NAME) SOCIAL SECURITY

NUMBER _____
(LAST, FIRST NAME) SOCIAL SECURITY

NUMBER _____
(LAST, FIRST NAME) SOCIAL SECURITY

NUMBER _____
(LAST, FIRST NAME) SOCIAL SECURITY

2. CURRENT HOME ADDRESS:

(STREET, APARTMENT NUMBER)

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(CITY, STATE, ZIP CODE)

HOME TELEPHONE NO.: () _____

WORK TELEPHONE NO.: () _____

3. CURRENT PLACE OF EMPLOYMENT:

(NAME OF FIRM)

(STREET)

(CITY, STATE, ZIP CODE)

(TYPE OF BUSINESS)

MEMBER: CURRENT EMPLOYER OF SPOUSE/OTHER HOUSEHOLD

(IF YOU NEED MORE SPACE TO PROVIDE THIS INFORMATION
FOR ALL EMPLOYED HOUSEHOLD MEMBERS, PLEASE ATTACH
SHEETS.)

(NAME OF COMPANY)

(STREET ADDRESS)

(CITY, ZIP CODE)

() _____
AREA CODE / TELEPHONE NUMBER

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4. IF YOU ARE **NOT** CURRENTLY LIVING OR EMPLOYED IN LONG BEACH, BUT EXPECT SUCH EMPLOYMENT WITHIN THE NEXT 45 DAYS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

ANTICIPATED PLACE OF EMPLOYMENT:

(NAME OF FIRM)

(STREET, ZIP CODE)

PERSON WHOM WE MAY CONTACT FOR VERIFICATION OF
EMPLOYMENT OFFER:

(NAME/TITLE)

(BUSINESS PHONE NO.)

B. HOUSEHOLD SIZE AND INCOME INFORMATION

1. PLEASE LIST ALL HOUSEHOLD MEMBERS ANTICIPATED TO LIVE IN THE NEW HOUSE:

<u>NAME</u>	<u>AGE</u>	<u>ANNUAL</u> <u>INCOME</u> <u>B E F O R E</u> <u>WITHHOLDING TAX</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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_____ \$ _____

TOTAL \$ _____

2. OTHER ANNUAL HOUSEHOLD INCOME BEFORE WITHHOLDING TAX:

(I.E., INTEREST, DIVIDENDS, CHILD SUPPORT, ALIMONY)

SOURCE OF INCOME	AMOUNT
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_____	\$ _____
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_____	\$ _____
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3. TOTAL OF FUNDS CURRENTLY AVAILABLE FROM BANK ACCOUNTS, CERTIFICATES OF DEPOSIT, MUTUAL FUNDS AND OTHER SIMILAR SOURCES FOR MEETING DOWNPAYMENT AND CLOSING COST NEEDS, AS WELL AS THE HOUSEHOLD'S NEED FOR RESERVES:

SOURCE OF FUNDS	AMOUNT
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_____	\$ _____
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_____	\$ _____
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C. DOCUMENTATION TO BE SUBMITTED TO LENDER

THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED TO YOUR SELECTED LENDER AT THE TIME YOU COMPLETE A FULL LOAN APPLICATION. THE LENDER WILL FORWARD THESE TO THE LBHDC ALONG WITH A COPY OF YOUR LOAN FILE.

- 1. COPIES OF YOUR FEDERAL AND STATE INCOME TAX RETURNS FOR EACH OF THE THREE MOST RECENT YEARS.**
- 2. COPIES OF THE MOST RECENT MONTH'S PAY CHECK STUBS FOR ALL ADULT HOUSEHOLD MEMBERS.**

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3. VERIFICATION FOR ALL OTHER REGULAR INCOME SOURCES SUCH AS DIVIDEND PAYMENTS OR CHILD SUPPORT PAYMENTS.
4. IF THERE IS MORE THAN A 10% DISCREPANCY BETWEEN THE AMOUNT YOU ARE REPORTING HERE AND THE AMOUNT SHOWN IN YOUR MOST RECENT TAX RETURN, PLEASE INCLUDE A BRIEF EXPLANATION OF THAT DISCREPANCY.
5. PROVIDE VERIFICATION OF ALL CASH ASSETS.
IF THE TOTAL OF ALL AVAILABLE CASH ASSETS IS EQUAL TO OR EXCEEDS AMOUNTS NECESSARY FOR RESERVES, DOWNPAYMENT, AND CLOSING COSTS, YOUR APPLICATION WILL BE DENIED.

D. APPLICANT(S) SIGNATURE(S) (EVERYONE WHO WILL APPEAR ON THE TITLE OF THE NEW HOUSE.)

I (WE) HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE. I (WE) UNDERSTAND THAT DELIBERATE WITHHOLDING OF PERTINENT INFORMATION WILL RESULT IN DISQUALIFICATION FROM THE DOWNPAYMENT ASSISTANCE PROGRAM AS OFFERED BY THE LONG BEACH HOUSING DEVELOPMENT COMPANY.

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE

APPLICANT NAME (PRINT)

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APPLICANT SIGNATURE

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE

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OFFICE USE ONLY:	DATE:_____
	STAFF:_____
ELIGIBLE_____	INELIGIBLE_____